

**Washington State Office of the Insurance Commissioner
Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine**

SHIBA HelpLine Volunteer/Partner Associate Agreement***

The purpose of this agreement is to ensure a common understanding between the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine Volunteer/Partner Associate, (print name) _____, the SHIBA HelpLine Sponsoring Organization, (print name) _____,

and the Washington State Office of the Insurance Commissioner (OIC), of the mutual responsibilities for the SHIBA HelpLine service and name.

A. MISSION STATEMENT

SHIBA (Statewide Health Insurance Benefits Advisors) HelpLine is a statewide network of trained volunteers and partner associates who educate, assist and advocate for consumers about their rights and options regarding health insurance, prescription drug access, and access to health care, so consumers can make informed decisions.

B. DEFINITIONS

The following terms shall have the meanings set forth below:

- (a) "Client", "consumer", and "citizen" shall mean an individual receiving SHIBA HelpLine services.
- (b) "Partner Associates" and "Community Partner" are those entities or persons that provide SHIBA HelpLine work and services through its organization. "Partner Associates" must meet all requirements for "Volunteer".
- (c) "Sponsor" shall mean the agency, firm, provider organization, individual or other entity performing direct, day-to-day SHIBA HelpLine services under contract.
- (d) "Volunteer" and "Volunteers" means individuals who have been screened and selected, who have completed both this *SHIBA HelpLine Volunteer Agreement* and *SHIBA HelpLine Sponsor/Volunteer Resource Record Form*, and who are overseen by the Sponsor and/or OIC to provide SHIBA HelpLine services as outlined in the specific position descriptions.

C. SCREENING AND SELECTION PROCESS

The Sponsoring Agency (Sponsor) and the Office of the Insurance Commissioner (OIC) are seeking volunteers or partner associates whose skills, abilities and personal goals are compatible with the goals of the SHIBA HelpLine. All individuals applying to become SHIBA HelpLine volunteers or partner associates must go through a screening and selection process that includes an interview with the Sponsor, must successfully complete the training required by the volunteer/partner

***** Sponsor Directions:** Provide 3 copies to Volunteer/Partner Associate to review, complete, and sign. After Sponsor review, complete, and sign; return one originally signed copy to Volunteer/Partner Associate; keep one for your files; and send one to OIC. For new Volunteer/Partner Associates and current active Volunteer/Partner Associates who have information to be updated, also provide a SHIBA HelpLine Sponsor/Volunteer/Partner Associate Resource Record form so Volunteer/Partner Associate can fill out, then review, make a legible copy (both sides) for your files, and send the original (both sides) to OIC.

associate position desired, and will comply with current and future reporting and other requirements. At any time during this process, the Sponsoring Organization and/or the Office of the Insurance Commissioner has the right to determine if the applicant is an appropriate candidate for the SHIBA HelpLine.

D. TRAINING AND MENTORING

I have reviewed and understand the attached training requirements for different SHIBA HelpLine volunteer/partner Associate positions, as shown on the *SHIBA HelpLine Volunteer Training Plan Worksheet*. I understand that I will be required to complete all training and mentoring requirements for my chosen position(s) prior to working independently.

E. OIC APPROVED MATERIALS

For the purpose of quality control and statewide consistency, I agree to use only materials produced or approved by the Office of the Insurance Commissioner.

F. REPORTING

I agree to complete and submit to my Sponsor all required reports by specified deadlines. I agree to inform clients regarding the SHIBA HelpLine disclaimer in an appropriate fashion (phone, email or in person).

When I am performing my SHIBA HelpLine-related activities, if I experience or witness someone or something posing an immediate danger to me, himself/herself or others, I will immediately call for assistance. Even without an actual threat, I will report to my SHIBA HelpLine Sponsor Coordinator as soon as possible any activity, behavior, and/or potentially serious events that may actually become a more serious event/activity/behavior in the future.

Both the OIC/SHIBA HelpLine and Sponsor are committed to maintaining a safe and secure work environment for our volunteers and partner associates, and everyone connected with our programs, services, events, and activities is invited and encouraged to help us create the safest environment possible.

G. LOBBYING

I agree that lobbying—or any appearance of lobbying or conflicts of interests—by using (or representing) my OIC/SHIBA HelpLine affiliation to any local, state, federal, and/or national elected official, government agency, and/or advocacy organization may be subject to immediate dismissal.

H. NONAFFILIATION - CONFLICT OF INTEREST

I do not have an active insurance license. I will act in good faith without selling, recommending or endorsing any specific insurance product, agency or related service. I am not currently affiliated with or employed by a health insurance company, agency or service, nor am I in a position to sell or receive commissions from health insurance products or services or use my SHIBA HelpLine affiliation for purposes of personal financial gain.

I will avoid any actual or apparent potential conflict of interest. If I am in doubt about whether there is a potential conflict of interest, I will seek guidance from my SHIBA HelpLine Sponsor Coordinator. I will maintain the professional integrity of the SHIBA HelpLine by not granting or accepting favors or special privilege for personal gain. I will not solicit or accept favors personally or for the Sponsoring Agency where a higher public interest would be violated.

If in the future I become affiliated with an insurance company, agency or service, or am in a position to use my SHIBA HelpLine affiliation for personal financial gain, I will notify my SHIBA HelpLine Sponsor Coordinator immediately, and terminate my position with the SHIBA HelpLine.

I. CONFIDENTIALITY

I understand that any personal and financial information obtained through my SHIBA HelpLine volunteer or partner associate activities is confidential. I will not disclose any identifying client personal information with an agency outside the SHIBA HelpLine organization without the client's authorization in accordance with state and federal law.

J. IMPARTIALITY

I understand that all decisions are to be made by the consumer, so the consumer can understand, choose and use his or her health insurance, prescription drug access, or other care sources effectively. I will remain impartial, refraining from advising or expressing my opinions regarding a consumer's course of action.

I agree to serve and respect all individuals without regard to race, color, gender, sexual orientation, marital, social or financial status, creed, ethnic or national identity, disability or age.

I understand that the SHIBA HelpLine is a consumer education, assistance and advocacy service of the Office of Insurance Commissioner and the sponsoring agency, not a policy creating or lobbying organization. I understand that any activities on my part to affect health insurance, prescription drug access, access to health care, or related policy shall be done as an individual citizen and not as a SHIBA HelpLine volunteer/partner associate.

The Office of the Insurance Commissioner and sponsoring agency will work with me to create volunteering or partner association opportunities that are mindful of my geographic location and work/life schedule. I agree to complete the training and mentoring process in a timely fashion.

K. IMPARTIAL ADVISING FOR COUNSELORS

I understand that if I am a SHIBA HelpLine counselor, my responsibility is to educate, assist and if needed, advocate for consumers so the client can understand, choose, and use his or her health insurance, prescription drug access, or other care sources and information effectively.

L. ATTENDANCE REQUIREMENTS AND COMMITMENT

- (Check if applicable) **FOR COUNSELING:** I understand that I must maintain an 85 percent attendance at the required, scheduled, in-person Update Trainings to keep my status as a current SHIBA HelpLine volunteer/partner associate. If I am unable to attend a required, scheduled, in-person Update Training, I will immediately contact my Sponsor, who will arrange with OIC for my participation in a scheduled Update Training conference call (if there is one scheduled) or for a make-up session at a later date, and to keep me informed on the information and handouts that I may have not received at the in-person Update Trainings.
- (Check if applicable) **FOR NON-COUNSELING VOLUNTEERS AND PARTNER ASSOCIATES:** I understand that I may attend any scheduled Update Trainings (either in-person or by conference calls) and that I may be required to attend other training(s).
- FOR ALL:** To keep my status as a current SHIBA HelpLine volunteer/partner associate/counselor, I will adhere to the mutually agreed upon work schedule and commitment level between me and my Sponsor. I will contact my Sponsor at any time when I am unable to adhere to my work schedule or commitment level, including planned or unscheduled “leaves of absence”. I also will attend and participate in meetings, trainings, and conference calls as required by my Sponsor and/or SHIBA HelpLine, including any scheduled volunteer/partner associate/counseling performance reviews.

In addition, if my chosen volunteer/partner associate training path requires my participation at a specified core Basic Training session(s), I will attend the particular core Basic Training session(s), which may or may not be locally scheduled. If [1] my sponsor designated my status to be as an inactive SHIBA HelpLine volunteer/partner associate/counselor because of “leaves of absence”; [2] my volunteer/partner associate training path requires my participation at a specified core Basic Training session(s) where that particular information may be updated and presented; and/or [3] this updated information has been presented in a previously scheduled Update Training which I did not attend or participate, then I will participate in the particular core Basic Training session(s) before I regain my status as a current SHIBA HelpLine volunteer/partner associate/counselor.

M. NEUTRALITY

I agree that if I receive a question or complaint from a client regarding the sponsoring organization/agency, an employee of the sponsoring organization/agency and/or other entity that employs me, I will refer the client back to my SHIBA HelpLine Sponsor, who will then assign the client to a neutral SHIBA HelpLine volunteer/partner associate and/or Sponsor.

N. COMMITMENT OF SUPPORT TO STATEWIDE NETWORK

I understand that the SHIBA HelpLine is a statewide network of trained volunteer/partner associates administered by local sponsoring agencies. I

understand that the volume of consumer requests for assistance fluctuates throughout the state. I will endeavor to assist to the best of my ability during these peak demand periods.

The OIC and the Sponsoring Organization reserve the right at their discretion to accept, terminate and evaluate the performance of a volunteer's and partner associate's service at any time.

I have read and agree to all of the above.

Printed Name of SHIBA HelpLine Volunteer/Partner Associate

IF Partner Associate, Printed Name of Community Partner/Organization

Printed Name of SHIBA HelpLine Sponsoring Organization

Signature of Sponsoring Organization's SHIBA HelpLine Coordinator Date